



CIVIL AIR PATROL  
NATIONAL HEADQUARTERS  
MAXWELL AFB AL 36112-6332

CAP REGULATION 60-4 (E)  
VOLUME II  
10 MAY 2001

## Operations

### CAP EMERGENCY SERVICES TRAINING FORMS

This regulation prescribes CAP forms required for use in CAP emergency services training. Practices, procedures, and standards prescribed in this regulation are mandatory and may not be supplemented or changed locally without the prior approval of NHQ CAP/DO. Additional guidance is found in CAPR 60-1, *CAP Flight Management*; CAPR 60-3, *CAP Emergency Services Training and Operational Missions*; CAPR 60-4, Volume I, Part I, *CAP Emergency Services Mission Forms*; CAPR 60-4, Volume I, Part II, *CAP Emergency Services Mission Forms-ICS* and other directives governing specific CAP policies. Forward all suggestions for modification and improvement of the program through channels to NHQ CAP/DO.

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OPR: DOS

Distribution: In accordance with CAPR 5-4.

### GENERAL INFORMATION

**1-1. Scope.** This regulation prescribes forms for use on CAP actual mission activities and operational training missions. The Civil Air Patrol provides services to conduct search and rescue (SAR), disaster relief (DR), and other public assistance missions. Many missions are in support of persons in distress and should be conducted competently, expeditiously, and in a professional manner. Proper training, thoroughness, and timeliness cannot be overemphasized. This regulation provides directions and completed samples of the standard CAP forms to be used in conducting emergency services training. Some situations may dictate variations in the procedures contained in this regulation, in which common sense and prudent judgment shall be used to ensure effective management of CAP resources. **Safety should always be a primary concern.**

**1-2. Supplements/Operating Instructions/Waivers.** No supplements, waivers or operating instructions (OIs) may be issued to this regulation by any unit below wing level except the Congressional Squadron. All supplements, waivers or OIs affecting any aspect of this regulation may only be issued after **prior** written approval of NHQ CAP/DO.

**CAPF 10-REQUEST, AUTHORIZATION, AND REPORT FOR TRAINING/EVALUATION MISSIONS**

**2-1. Purpose.** The CAPF 10 is used to request a training or evaluation mission, and report resource utilization to the CAP-USAFA liaison region at the close of the mission.

**2-2. Preparation.** The form is completed by the emergency services staff at the unit, wing or region level to request funding.

**2-3. Distribution.** This form, upon completion is forwarded to the wing commander and liaison office at the wing level for certification. After certification by the liaison office, it is then forwarded to the CAP-USAFA liaison region for approval and assignment of a mission number. This mission number is then communicated to the wing liaison office and wing commander for usage.

**2-4. Instructions for Completing CAPF 10:**

General Information – Enter the wing completing the request, the liaison region the request will be processed by and the date of the request.

1. Mission Type – Check the block of the mission type requested and provide the primary and alternate dates for the training.

2. Estimated Reimbursement – Enter the amount of funding requested for this mission as calculated on the back of the form. This should be determined by estimating the funding for flying hours, communications expenses, vehicle gas and oil, and totaling the above. At the same time the wing should provide justification for this training by providing an appropriate summary of the mission scenario with the location(s) that training will be conducted at so that all personnel required to review this form for approval know that there is a training plan in place and what the wing intends to do.

3. Certification – The Wing commander checks the appropriate block and then signs and dates the form. Once the wing commander certifies the request, the wing liaison office validates this request by signing and dating the form and forwarding it to the CAP-USAFA liaison region for processing.

Note: Blocks 4 through 7 are not completed by the wing in preparing the request, and thus are not instructed here.

**2-5. Availability.** This form is available in accordance with CAPR 5-4, *Publications and Blank Forms Management* and at the NHQ CAP Website.

**2-6. Usage Requirements.** The CAPF 10 will be used to request all Air Force approved or funded training/evaluation missions.

## REQUEST, AUTHORIZATION, AND REPORT FOR TRAINING/EVALUATION MISSIONS

HQ CAP/DO (CD only)  
IN TURN

- Phone No. \_\_\_\_\_

Wing LO Signature: \_\_\_\_\_

## SAMPLE CAPF 10 (CONT'D)

## Mission reimbursement estimate (calculated by wing):

25 C-172 hours x \$ 50.00 C-172 reimbursement rate = \$ 1250.00

12 C-182 hours x \$ 60.00 C-182 reimbursement rate = \$ 720.00

Other hours x \$ Other reimbursement rate = \$

Other hours x \$ Other reimbursement rate = \$

Other hours x \$ Other reimbursement rate = \$

Estimate for communications .....\$ 50.00

Estimate for vehicle gas and oil.....\$ 150.00

Total estimated mission reimbursement.....\$ 2170.00

Mission Base: Dothan, AL

Other operating locations: None

## Mission scenario for requested training mission:

A mission base will be established adjacent to FAST JET Aviation FBO. Three ground teams, 4 C-172's, and 2 C-182's will conduct ground, route, grid, and ELT searches to qualify three Ground Teams and 6 Aircrews to include and observer and scanner in each aircrew. Mission base specialties will qualify one Planning Section Chief, two Air Operations Branch Directors, and initial training for one Incident Commander.

**CAPF 100—SPECIALTY QUALIFICATION APPLICATION**

- 3-1. Purpose.** This form is completed by the member to apply for an emergency services specialty qualification
- 3-2. Preparation.** The CAPF 100 is prepared for initial, upgrades, renewals or transfers of mission qualifications. Documentation of completion of training requirements is required to be attached.
- 3-3. Distribution.** A copy of this form is kept on file in the member's ES qualification record and originals forwarded to the competent authorities for processing.
- 3-4. Instructions for Completing CAPF 100:**

**Initial qualifications and renewals:**

- a. For the general emergency services (ES) specialty, submit CAPF 100 along with one copy of the required supporting documentation to the unit commander for the unit commander's signature on the CAPF 101. Units will notify wing headquarters of issuances of CAPFs 101 with the general ES specialty.
- b. For initial qualifications (other than the general ES specialty), submit CAPF 100 (original plus two copies) along with one copy of the required supporting documentation through the unit commander to the wing headquarters (or through the region DO to the region commander for region staff personnel in regions issuing specialty qualification cards).
- c. For renewals other than incident commander and agency liaison, submit CAPF 100 along with one copy of the required supporting documentation to the unit commander for the unit commander's signature on the CAPF 101. Units will notify wing headquarters of CAPF 101 renewals.
- d. For incident commander and agency liaison renewals, submit CAPF 100 (original plus two copies) along with one copy of the required supporting documentation through the unit commander to the wing headquarters (or through the region deputy chief of staff [DCS] for operations or emergency services as applicable to the region commander for region staff personnel in regions issuing specialty qualification cards).

Complete all applicable blocks, do not leave out requested information.

Indicate the specialty ratings or training areas (maximum of three training areas at any one time) requested.

Use a separate application for CAPF 101 and 101T. Do not combine specialty qualification, upgrade, and/or training requests on the same form.

Attach the following supporting documentation as applicable to the ratings (or training areas) requested.

**All applications:**

- a. Copy of CAP Test 116 completion records (top of answer sheet) for initial application.
- b. Evidence of prerequisite qualifications or training (copy of previously issued CAPF 101 [only if transferring from another wing], course completion certificate, etc.).
- c. Evidence of satisfactory completion of required classroom instruction.
- d. Required specialty training (copy of endorsed CAPF 101T indicating training received) (initial application for a particular specialty rating only).
- e. Evidence of satisfactory completion of continuing education requirements (renewals of specific specialty ratings only).

**Pilots:**

- a. Copy of current CAPF 5.
- b. Copy of current CAPF 91 (SAR/DR mission pilot only).
- c. Evidence of current FAA flight review (copy of logbook page or other record).

**Ground Team Leaders and Members:**

- a. Copy of first aid (or equivalent) training certificate.
- b. Evidence of satisfactory completion of bloodborne pathogens training (a minimum of two ground members/leaders on each ground must have this training).

**3-5. Availability.** This form is available in accordance with CAPR 5-4, *Publications and Blank Forms Management* and at the NHQ CAP Website.

**3-6. Usage Requirements.** This form will be used to apply for a CAPF 101 with appropriate supporting documentation.

## SAMPLE CAPF 100

REQUEST FOR OPERATIONAL MISSION SPECIALTY QUALIFICATION CARD, CAP FORM 101, OR SPECIALTY QUALIFICATION TRAINING CARD, CAP FORM 101T										
NAME (LAST, FIRST, MI) SNUFFY, JOSEPH, A.					GRADE c/Amn		CAPID 123456		CHARTER NO. SER-AL-111	
ADDRESS (STREET, CITY, STATE, ZIP) 1 MAIN STREET, MONTGOMERY, AL, 36111										
HOME TELEPHONE 334-953-0001			WORK TELEPHONE		PAGE TELEPHONE		RADIO CALL		CAPF 76 (NO./DATE)	
HEIGHT 68	WEIGHT 135	EYES BLUE	HAIR BLACK	BIRTHDATE (D,M,Y) 1-Jan-87		<input type="checkbox"/> SENIOR <input checked="" type="checkbox"/> CADET		APPLICATION FOR: <input checked="" type="checkbox"/> CAPF 101 <input type="checkbox"/> CAPF 101T		
EMERGENCY CONTACT NAME JOHN J. SNUFFY				PRIMARY PHONE 334-953-0001			SECONDARY PHONE 334-953-0002			
FAA CERT. NO.		FAA MEDICAL (CLASS/DATE)		CAPF 5 DATE		CAPF 91 DATE		TOTAL HRS PIC		MOUNTAIN CLINIC
FAA CERT, RATINGS/LIMITATIONS										
SPECIALTY RATING(S) REQUESTED				PLACE AN "X" OVER THE BLOCK NO. FOR EACH REQUESTED RATING				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> UPGRADE <input type="checkbox"/> TRANSFER		
<input checked="" type="checkbox"/> 1	GENERAL EMERGENCY SERVICES				<input type="checkbox"/> 14	GROUND TEAM LEADER				
<input type="checkbox"/> 2	INCIDENT COMMANDER				<input type="checkbox"/> 15	GROUND TEAM MEMBER				
<input type="checkbox"/> 3	AGENCY LIAISON				<input type="checkbox"/> 16	URBAN DIRECTION FINDING TEAM				
<input type="checkbox"/> 4	OPERATIONS SECTION CHIEF				<input type="checkbox"/> 17	INFORMATION OFFICER				
<input type="checkbox"/> 5	PLANNING SECTION CHIEF				<input type="checkbox"/> 18	FLIGHT LINE SUPERVISOR				
<input type="checkbox"/> 6	LOGISTICS SECTION CHIEF				<input type="checkbox"/> 19	FLIGHT LINE MARSHALLER				
<input type="checkbox"/> 7	FINANCE/ADMIN SECTION CHIEF				<input type="checkbox"/> 20	COMMUNICATIONS UNIT LEADER				
<input type="checkbox"/> 8	AIR OPERATIONS BRANCH DIRECTOR				<input type="checkbox"/> 21	MISSION RADIO OPERATOR				
<input type="checkbox"/> 9	GROUND BRANCH DIRECTOR				<input type="checkbox"/> 22	MISSION SAFETY OFFICER				
<input type="checkbox"/> 10	SAR/DR MISSION PILOT				<input type="checkbox"/> 23	LIAISON OFFICER				
<input type="checkbox"/> 11	TRANSPORT MISSION PILOT				<input type="checkbox"/> 24	MISSION CHAPLAIN				
<input type="checkbox"/> 12	MISSION OBSERVER				<input type="checkbox"/> 25	MISSION STAFF ASSISTANT				
<input type="checkbox"/> 13	MISSION SCANNER				<input type="checkbox"/> 26	RADIOLOGICAL MONITOR				
<input type="checkbox"/> 27	TECHNICAL SPECIALIST (AS APPROVED BY WING/REGION COMMANDER) SPECIALTY: _____									
CAPT 116 COMPLETION DATE: <u>10-00</u>					FIRST AID TRAINING / QUALIFICATION: <input type="checkbox"/> STANDARD DATE EXPIRES: _____ <input type="checkbox"/> ADVANCED <input type="checkbox"/> EMT/EMICT/PARAMEDIC <input type="checkbox"/> CPR DATE EXPIRES: _____					
STATE DRIVER'S LICENSE NO. _____					ATTACH SUPPORTING DOCUMENTATION IN ACCORDANCE WITH INSTRUCTIONS ON REVERSE.					
CAP DRIVER'S PERMIT (CAPF 75) _____										
CAP MEMBERSHIP EXPIRES <u>10-01</u>										
PRESENT CAPF 101 EXPIRES _____										
I CERTIFY THAT ALL REQUIRED TRAINING HAS BEEN SATISFACTORILY COMPLETED AND THAT THE MEMBER IS QUALIFIED IN THE SPECIALTY AREAS INDICATED.										
SIGNATURE OF REQUESTOR					DATE 4/1/01		TYPED NAME/GRADE OF REQUESTOR JOSEPH A. SNUFFY c/Amn			
SIGNATURE OF UNIT COMMANDER					DATE		ACTION NO.			
SIGNATURE OF GROUP COMMANDER					DATE		ACTION NO.			
SIGNATURE OF WING/REGION COMMANDER					DATE		ACTION NO.			

**CAPF 101–SPECIALTY QUALIFICATION CARD**

- 4-1. Purpose.** The specialty qualification card is used to identify mission-qualified personnel.
- 4-2. Preparation.** The wing emergency services staff completes the form.
- 4-3. Distribution.** This form, upon completion is given to the qualified individual.
- 4-4. Instructions for Completing CAPF 101:**
1. General Information - Review the person's CAPF 100 for current information and transfer the appropriate information to the card.
  2. Specialty Qualifications - Only leave blank those qualifications that the member is qualified in – other specialties that the member is not qualified in should be typed over.
  3. Signature - Be sure to have the competent authority sign the card – if it is not signed it is not valid.
- 4-5. Availability.** This form is available in accordance with CAPR 5-4, *Publications and Blank Forms Management* and at the NHQ CAP Website.
- 4-6. Usage Requirements.** Each member will be issued a CAPF 101 for the specialties that they are qualified in by a competent authority as outlined in CAPR 60-3. Each member is required to have a valid 101 card to participate in missions, which should be on their person when participating in CAP emergency services missions.



## CAPF 101-SPECIALTY QUALIFICATION CARD

CHARTER NO.	DATE EXPIRES
<b>CIVIL AIR PATROL SPECIALTY QUALIFICATION CARD</b>	
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"> <p style="text-align: center;">AFFIX OPTIONAL PHOTOGRAPH HERE</p> </div>	
THIS CERTIFIES THE IDENTIFIED CIVIL AIR PATROL MEMBER IS QUALIFIED TO PERFORM DUTIES IN THE AREAS SHOWN.	
NAME OF HOLDER	ISSUING UNIT/WING/REGION
SIGNATURE OF ISSUING UNIT/WING/REGION COMMANDER	

CAP FORM 101, MAY 01 OPR/ROUTING: DOS  
PREV. EDIT. WILL NOT BE USED AFTER 31 OCT 01

1	GENERAL ES	14	GROUND TEAM LEADER
2	INCIDENT COMMANDER	15	GROUND TEAM MEMBER
3	AGENCY LIAISON	16	URBAN DF TEAM
4	OPERATIONS SECTION CHIEF	17	INFORMATION OFFICER
5	PLANNING SECTION CHIEF	18	FLIGHT LINE SUPERVISOR
6	LOGISTICS SECTION CHIEF	19	FLIGHT LINE MARSHALLER
7	FINANCE / ADMIN SECTION CHIEF	20	COMMUNICATIONS UNIT LEADER
8	AIR OPERATIONS BRANCH DIRECTOR	21	MISSION RADIO OPERATOR
9	GROUND BRANCH DIRECTOR	22	MISSION SAFETY OFFICER
10	SAR / DR MISSION PILOT	23	LIAISON OFFICER
11	TRANSPORT MISSION PILOT	24	MISSION CHAPLAIN
12	MISSION OBSERVER	25	MISSION STAFF ASSISTANT
13	MISSION SCANNER	26	RADIOLOGICAL MONITOR
27	TECHNICAL SPECIALIST:		
GRADE		CAPID	
HEIGHT	WEIGHT	EYES	HAIR

## SAMPLE CAPF 101-SPECIALTY QUALIFICATION CARD

CHARTER NO. SER-AL-111	DATE EXPIRES 04/03
<b>CIVIL AIR PATROL SPECIALTY QUALIFICATION CARD</b>	
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"> <p style="text-align: center;">AFFIX OPTIONAL PHOTOGRAPH HERE</p> </div>	
THIS CERTIFIES THE IDENTIFIED CIVIL AIR PATROL MEMBER IS QUALIFIED TO PERFORM DUTIES IN THE AREAS SHOWN.	
NAME OF HOLDER JOSEPH A SNUFFY	ISSUING UNIT/WING/REGION MAXWELL SQ.
SIGNATURE OF ISSUING UNIT/WING/REGION COMMANDER	

CAP FORM 101, MAY 01 OPR/ROUTING: DOS  
PREV. EDIT. WILL NOT BE USED AFTER 31 OCT 01



1	GENERAL ES	14	GROUND TEAM LEADER
2	INCIDENT COMMANDER	15	GROUND TEAM MEMBER
3	AGENCY LIAISON	16	URBAN DF TEAM
4	OPERATIONS SECTION CHIEF	17	INFORMATION OFFICER
5	PLANNING SECTION CHIEF	18	FLIGHT LINE SUPERVISOR
6	LOGISTICS SECTION CHIEF	19	FLIGHT LINE MARSHALLER
7	FINANCE / ADMIN SECTION CHIEF	20	COMMUNICATIONS UNIT LEADER
8	AIR OPERATIONS BRANCH DIRECTOR	21	MISSION RADIO OPERATOR
9	GROUND BRANCH DIRECTOR	22	MISSION SAFETY OFFICER
10	SAR / DR MISSION PILOT	23	LIAISON OFFICER
11	TRANSPORT MISSION PILOT	24	MISSION CHAPLAIN
12	MISSION OBSERVER	25	MISSION STAFF ASSISTANT
13	MISSION SCANNER	26	RADIOLOGICAL MONITOR
27	TECHNICAL SPECIALIST:		
GRADE CADET		CAPID 123456	
HEIGHT 5' 8"	WEIGHT 135LB	EYES BLUE	HAIR BLACK

**CAPF 101T–SPECIALTY QUALIFICATION TRAINING CARDS**

- 5-1. Purpose.** These forms are completed by the trainers and unit commanders to document completion of training requirements toward qualification in an emergency services specialty.
- 5-2. Preparation.** The CAPF 101T is prepared for each specialty noted and carried on missions and training to be completed appropriately.
- 5-3. Distribution.** The form is given to the member to record qualification requirements. Copies should be kept on file and updated periodically as a member progresses in status.
- 5-4. Instructions for Completing CAPFs 101T.** The CAPF 101T should be initialed, dated and signed when appropriate by qualified personnel as indicated in CAPR 60-3.
- 5-5. Availability.** This form is available in accordance with CAPR 5-4, *Publications and Blank Forms Management* and at the NHQ CAP Website.
- 5-6. Usage Requirements.** This form will be used to document completion of specialty qualification requirements by members.

## CAPF 101T-IC-INCIDENT COMMANDER

SPECIALTY QUALIFICATION TRAINING CARD INCIDENT COMMANDER		Advanced Training	
NAME (Last, First, MI)	CAPID	Trainer's CAPID and Date Completed	
<b>Prerequisites</b> Date Completed _____ Item _____ Qualified GES _____ Satisfactory participation in at least two sorties as an Operations Section Chief _____ Satisfactory participation in at least two sorties as a Planning Section Chief _____ Satisfactory participation in at least one sortie as a Logistics Section Chief _____ Satisfactory participation in at least one sortie as a Finance / Administration Section Chief _____ Qualified Operations Section Chief or Planning Section Chief _____ At least 21 years of age _____ The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-IC. _____		<b>Exercise Participation</b> The above listed member satisfactorily participated as an Incident Commander trainee under my direct supervision on mission number _____ _____ QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____ The above listed member satisfactorily participated as an Incident Commander trainee under my direct supervision on mission number _____ _____ QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____ <b>Unit Certification and Recommendation</b> The above listed member has completed the requirements for the Incident Commander specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty. _____ _____ UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____	

CAPF 101T-IC, MAY 01 REVERSE

SPECIALTY QUALIFICATION TRAINING CARD INCIDENT COMMANDER		Advanced Training	
NAME (Last, First, MI)	CAPID	Trainer's CAPID and Date Completed	
<b>Prerequisites</b> Date Completed _____ Item _____ Qualified GES _____ Satisfactory participation in at least two sorties as an Operations Section Chief _____ Satisfactory participation in at least two sorties as a Planning Section Chief _____ Satisfactory participation in at least one sortie as a Logistics Section Chief _____ Satisfactory participation in at least one sortie as a Finance / Administration Section Chief _____ Qualified Operations Section Chief or Planning Section Chief _____ At least 21 years of age _____ The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-IC. _____		<b>Exercise Participation</b> The above listed member satisfactorily participated as an Incident Commander trainee under my direct supervision on mission number _____ _____ QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____ The above listed member satisfactorily participated as an Incident Commander trainee under my direct supervision on mission number _____ _____ QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____ <b>Unit Certification and Recommendation</b> The above listed member has completed the requirements for the Incident Commander specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty. _____ _____ UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____	

CAPF 101T-IC, MAY 01  
PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001

OPR/ROUTING: DOS



## CAPF 101T-OSC-OPERATIONS SECTION CHIEF

SPECIALTY QUALIFICATION TRAINING CARD OPERATIONS SECTION CHIEF		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<p align="center"><b>Prerequisites</b></p> <p>Item _____ Date Completed _____</p> <p>Qualified GES _____</p> <p>Qualified Planning Section Chief _____</p> <p>Qualified Air Operations Branch Director or Ground Branch Director _____</p> <p>At least 21 years of age _____</p> <p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-OSC.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		
<p align="center"><b>Familiarization and Preparatory Training</b> Trainer's CAPID and Date Completed _____</p>		
Task		
Demonstrate knowledge of principles and features of ICS		
Demonstrate knowledge of the ICS Organization		
Demonstrate knowledge of incident facilities		
Demonstrate knowledge of incident resources		
Demonstrate knowledge common responsibilities in ICS		
Demonstrate knowledge of organization and staffing events		
Demonstrate knowledge of organizing for incidents & events		
Demonstrate knowledge of incident resources management		
Demonstrate knowledge of air operations		
Demonstrate knowledge of incident and event planning		
Demonstrate knowledge of the responsibilities and issues of the command and general staff		
Demonstrate knowledge of unified command		
Demonstrate knowledge of major incident management		
Demonstrate knowledge of area command		
<p>The above listed member has completed the required familiarization and preparatory training requirements for the Operations Section Chief specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____</p>		<p>DATE _____</p>

CAPF 101T-OSC, MAY 01

PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001

OPR/ROUTING: DOS

Advanced Training		Trainer's CAPID and Date Completed
Task		
Demonstrate the ability to keep a log		
Demonstrate the ability to manage tactical operations		
Demonstrate the development of the operations portion of the Incident Action Plan		
Demonstrate the execution of the operations portion of the Incident Action Plan		
Demonstrate requesting additional resources to support operations		
Demonstrate releasing resources from active assignments		
Complete Task L-0001 (Basic Communications Procedures for ES Operations)		
Complete Flight Release Officer Training		
Complete the current continuing education examination for operations section chiefs		
<p align="center"><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as an Operations Section Chief trainee under my direct supervision on mission number _____.</p>		
QUALIFIED SUPERVISOR'S SIGNATURE _____	DATE _____	
<p>The above listed member satisfactorily participated as an Operations Section Chief trainee under my direct supervision on mission number _____.</p>		
QUALIFIED SUPERVISOR'S SIGNATURE _____	DATE _____	
<p align="center"><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Operations Section Chief specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p>		
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____	DATE _____	

CAPF 101T-OSC, MAY 01 REVERSE

## CAPF 101T-PSC-PLANNING SECTION CHIEF

Advanced Training		Trainer's CAPID and Date Completed
Task		
Demonstrate the ability to keep a log		
Demonstrate the collection and preparation of the Incident Action Plan		
Demonstrate conducting planning meetings		
Demonstrate reassignment of mission personnel, including the ability to assemble and disassemble task forces and strike teams not assigned to operations		
Demonstrate establishment of data collection systems like personnel tracking systems and weather systems		
Demonstrate reporting, compiling and displaying of incident status information		
Demonstrate preparation of the Demobilization Plan		
Complete Task L-0001 (Basic Communications Procedures for ES Operations)		
Complete Flight Release Officer Training		
Complete the current continuing education examination for planning section chiefs		
<p align="center"><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as a Planning Section Chief trainee under my direct supervision on mission number _____.</p> <p>QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____</p> <p>The above listed member satisfactorily participated as a Planning Section Chief trainee under my direct supervision on mission number _____.</p> <p>QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____</p> <p align="center"><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Planning Section Chief specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		
CAPF 101T-PSC, MAY 01 REVERSE		

SPECIALTY QUALIFICATION TRAINING CARD PLANNING SECTION CHIEF		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<p align="center"><b>Prerequisites</b></p> <p>Item _____ Date Completed _____</p> <p>Qualified GES _____</p> <p>Qualified Air Operations Branch Director or Ground Branch Director _____</p> <p>At least 21 years of age _____</p> <p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-PSC.</p>		
<p align="center"><b>Familiarization and Preparatory Training</b></p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		
<p>Task _____</p> <p>Demonstrate knowledge of principles and features of ICS _____</p> <p>Demonstrate knowledge of the ICS Organization _____</p> <p>Demonstrate knowledge of incident facilities _____</p> <p>Demonstrate knowledge of incident resources _____</p> <p>Demonstrate knowledge common responsibilities in ICS _____</p> <p>Demonstrate knowledge of organization and staffing _____</p> <p>Demonstrate knowledge of organizing for incidents &amp; events _____</p> <p>Demonstrate knowledge of incident resources management _____</p> <p>Demonstrate knowledge of air operations _____</p> <p>Demonstrate knowledge of incident and event planning _____</p> <p>Demonstrate knowledge of the responsibilities and issues of the command and general staff _____</p> <p>Demonstrate knowledge of unified command _____</p> <p>Demonstrate knowledge of major incident management _____</p> <p>Demonstrate knowledge of area command _____</p> <p>The above listed member has completed the required familiarization and preparatory training requirements for the Planning Section Chief specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		
<p align="center">CAPF 101T-PSC, MAY 01 PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001</p> <p align="right">OPR/ROUTING: DOS</p>		

## CAPF 101T-LOGISTICS SECTION CHIEF

Advanced Training		Trainer's CAPID and Date Completed
Task		
Demonstrate the ability to keep a log		
Demonstrate the ability to request additional resources		
Demonstrate the ability to develop the communications, medical and traffic plans for the overall Incident Action Plan		
Complete Task L-0001 (Basic Communications Procedures for ES Operations)		
Complete the current continuing education examination for logistics section chiefs		
<p align="center"><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as a Logistics Section Chief trainee under my direct supervision on mission number _____</p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p> <p>The above listed member satisfactorily participated as a Logistics Section Chief trainee under my direct supervision on mission number _____</p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p> <p align="center"><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Logistics Section Chief specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		

CAPF 101T-LSC, MAY 01 REVERSE

SPECIALTY QUALIFICATION TRAINING CARD LOGISTICS SECTION CHIEF		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<p align="center"><b>Prerequisites</b></p> <p>Item</p> <p>Qualified GES</p> <p>At least 21 years of age</p> <p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-LSC.</p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		
<p align="center"><b>Familiarization and Preparatory Training</b></p> <p align="center">Trainer's CAPID and Date Completed</p>		
Task		
Demonstrate knowledge of principles and features of ICS		
Demonstrate knowledge of the ICS Organization		
Demonstrate knowledge of incident facilities		
Demonstrate knowledge of incident resources		
Demonstrate knowledge common responsibilities in ICS		
Demonstrate knowledge of organization and staffing		
Demonstrate knowledge of organizing for incidents & events		
Demonstrate knowledge of incident resources management		
Demonstrate knowledge of air operations		
Demonstrate knowledge of incident and event planning		
Demonstrate knowledge of the responsibilities and issues of the command and general staff		
Demonstrate knowledge of unified command		
Demonstrate knowledge of major incident management		
Demonstrate knowledge of area command		
<p>The above listed member has completed the required familiarization and preparatory training requirements for the Logistics Section Chief specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		

CAPF 101T-LSC, MAY 01  
PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001  
OPR/ROUTING: DOS

## CAPF 101T-FASC-FINANCE/ADMINISTRATION SECTION CHIEF

Advanced Training		Trainer's CAPID and Date Completed
Task		
Demonstrate the ability to keep a log		
Demonstrate the ability to provide financial and cost analysis information as requested		
Demonstrate the ability to develop an operating plan for the Finance/Administration Section		
Demonstrate the ability to determine the need to setup and operate an incident commissary		
Demonstrate the ability to keep and transmit as necessary all personnel and equipment time records to appropriate agencies		
Demonstrate the ability to provide financial input to the demobilization plan		
Demonstrate preparation of all obligation documents for the incident commander		
Complete Task L-0001 (Basic Communications Procedures for ES Operations)		
Complete the current continuing education examination for finance / administration section chiefs		
<p align="center"><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as a Finance / Administration Section Chief trainee under my direct supervision on mission number _____.</p>		
QUALIFIED SUPERVISOR'S SIGNATURE		DATE
<p>The above listed member satisfactorily participated as a Finance / Administration Section Chief trainee under my direct supervision on mission number _____.</p>		
QUALIFIED SUPERVISOR'S SIGNATURE		DATE
<p align="center"><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Finance / Administration Section Chief specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p>		
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		DATE
CAPF 101T-FASC, MAY 01 REVERSE		

SPECIALTY QUALIFICATION TRAINING CARD FINANCE / ADMINISTRATION SECTION CHIEF		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<p align="center"><b>Prerequisites</b></p> <p>Item _____ Date Completed _____</p> <p>Qualified GES _____</p> <p>At least 21 years of age _____</p> <p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-FASC.</p>		
<p align="center"><b>Familiarization and Preparatory Training</b></p> <p>Trainer's CAPID and Date Completed _____</p>		
Task		
Demonstrate knowledge of principles and features of ICS		
Demonstrate knowledge of the ICS Organization		
Demonstrate knowledge of incident facilities		
Demonstrate knowledge of incident resources		
Demonstrate knowledge common responsibilities in ICS		
Demonstrate knowledge of organization and staffing		
Demonstrate knowledge of organizing for incidents & events		
Demonstrate knowledge of incident resources management		
Demonstrate knowledge of air operations		
Demonstrate knowledge of incident and event planning		
Demonstrate knowledge of the responsibilities and issues of the command and general staff		
Demonstrate knowledge of unified command		
Demonstrate knowledge of major incident management		
Demonstrate knowledge of area command		
<p>The above listed member has completed the required familiarization and preparatory training requirements for the Finance / Administration Section Chief specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p>		
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		DATE
<p align="center"><b>CAPF 101T-FASC, MAY 01</b></p> <p align="center">PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001</p> <p align="right"><b>OPR/ROUTING: DOS</b></p>		



## CAPF 101T-AOBD-AIR OPERATIONS BRANCH DIRECTOR

Demonstrate the ability to determine resource needs and advise the operations section chief	
Demonstrate the ability to prepare aircrew briefing packets throughout the operating area	
Demonstrate the ability to assign aircraft and crews	
Demonstrate the ability to monitor air operations	
Demonstrate the ability to update mission status boards	
Demonstrate the ability to establish briefing and debriefing areas for crews	
Demonstrate the ability to prepare applicable portions of the CAPF 104	
Demonstrate the ability to complete ICS Form 220	
Demonstrate the ability to verify that crews are properly equipped	
Demonstrate the ability to brief aircrews for missions	
Demonstrate the ability to complete CAPF 107	
Demonstrate the ability to locate or process an overdue aircraft	
Demonstrate the ability to debrief aircrews having completed missions	
Complete Task L-0001 (Basic Communications Procedures for ES Operations)	
Complete Flight Release Officer Training	
Complete the current continuing education examination for air operations branch directors	

**Exercise Participation**

The above listed member satisfactorily participated as an Air Operations Branch Director trainee under my direct supervision on mission number \_\_\_\_\_.

QUALIFIED SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The above listed member satisfactorily participated as an Air Operations Branch Director trainee under my direct supervision on mission number \_\_\_\_\_.

QUALIFIED SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Unit Certification and Recommendation**

The above listed member has completed the requirements for the Air Operations Branch Director specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.

UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CAPF 101T-AOBD, MAY 01 REVERSE**

SPECIALTY QUALIFICATION TRAINING CARD AIR OPERATIONS BRANCH DIRECTOR		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<b>Prerequisites</b>		
Item	Date Completed	
Qualified GES		
Qualified SAR/DR Mission Pilot or Mission Observer (need not be current)		
At least 18 years of age		
The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-AOBD.		
<b>Familiarization and Preparatory Training</b>		
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	DATE	
Trainer's CAPID and Date Completed		
Task	Date Completed	
Demonstrate knowledge of principles and features of ICS		
Demonstrate knowledge of the ICS Organization		
Demonstrate knowledge of incident facilities		
Demonstrate knowledge of incident resources		
Demonstrate knowledge common responsibilities in ICS		
Demonstrate knowledge of organization and staffing		
Demonstrate knowledge of organizing for incidents & events		
Demonstrate knowledge of incident resources management		
Demonstrate knowledge of air operations		
Demonstrate knowledge of incident and event planning		
Demonstrate knowledge of the air operations branch director's responsibilities		
The above listed member has completed the required familiarization and preparatory training requirements for the Air Operations Branch Director specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.		
<b>Advanced Training</b>		
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	DATE	
Trainer's CAPID and Date Completed		
Task	Date Completed	
Demonstrate the ability to keep a log		
Demonstrate the ability to coordinate with the ground branch		
<b>CAPF 101T-AOBD, MAY 01</b> PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001 <b>OPR/ROUTING: DOS</b>		

## CAPF 101T-GBD-GROUND BRANCH DIRECTOR

Advanced Training		Trainer's CAPID and Date Completed
Task		
Demonstrate the ability to keep a log		
Demonstrate the ability to coordinate with the air operations branch		
Demonstrate the ability to determine resource needs and advise the operations section chief		
Demonstrate the ability to prepare ground team and UDFFT briefing packets		
Demonstrate the ability to assign vehicles and ground teams or UDF teams		
Demonstrate the ability to monitor ground operations		
Demonstrate the ability to update mission status boards		
Demonstrate the ability to establish briefing and debriefing areas for crews		
Demonstrate the ability to prepare applicable portions of the CAPF 109		
Demonstrate the ability to verify that teams are properly equipped		
Demonstrate the ability to locate or process an overdue team		
Demonstrate the ability to brief teams for missions		
Demonstrate the ability to debrief teams having completed missions		
Complete Task L-0001 (Basic Communications Procedures for ES Operations)		
Complete the current continuing education examination for ground branch directors		
<p align="center"><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as a Ground Branch Director trainee under my direct supervision on mission number _____.</p>		
QUALIFIED SUPERVISOR'S SIGNATURE	DATE	
<p>The above listed member satisfactorily participated as a Ground Branch Director trainee under my direct supervision on mission number _____.</p>		
QUALIFIED SUPERVISOR'S SIGNATURE	DATE	
<p align="center"><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Ground Branch Director specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p>		
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	DATE	
CAPF 101T-GBD, MAY 01 REVERSE		

SPECIALTY QUALIFICATION TRAINING CARD GROUND BRANCH DIRECTOR		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<p align="center"><b>Prerequisites</b></p> <p>Date Completed _____</p>		
Item		
Qualified GES		
Qualified Ground Team Leader (need not be current)		
At least 18 years of age		
<p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-GBD.</p>		
<p align="center"><b>Familiarization and Preparatory Training</b></p> <p align="center">Trainer's CAPID and Date Completed _____</p>		
Task		
Demonstrate knowledge of principles and features of ICS		
Demonstrate knowledge of the ICS Organization		
Demonstrate knowledge of incident facilities		
Demonstrate knowledge of incident resources		
Demonstrate knowledge common responsibilities in ICS		
Demonstrate knowledge of organization and staffing		
Demonstrate knowledge of organizing for incidents & events		
Demonstrate knowledge of incident resources management		
Demonstrate knowledge of air operations		
Demonstrate knowledge of incident and event planning		
Demonstrate knowledge of the ground branch director's responsibilities		
<p>The above listed member has completed the required familiarization and preparatory training requirements for the Ground Branch Director specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p>		
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	DATE	
<p align="center"><b>CAPF 101T-GBD, MAY 01</b></p> <p align="center">PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001</p> <p align="center"><b>OPR/ROUTING: DOS</b></p>		

## CAPF 101T-MP-SAR/DR MISSION PILOT

SPECIALTY QUALIFICATION TRAINING CARD SAR / DR MISSION PILOT		Advanced Training	
NAME (Last, First, MI)	CAPID	Trainer's CAPID and Date Completed	
<b>Prerequisites</b> Date Completed Qualified GES Qualified Mission Scanner Current and qualified CAP pilot in accordance with CAPR 60-1, with at least 175 hours pilot in command time including 50 hours of cross-country flying At least 18 years of age The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-MP.			
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		DATE	
<b>Familiarization and Preparatory Training</b> Trainer's CAPID and Date Completed			
Task			
Demonstrate knowledge of crew duty limitations			
Demonstrate knowledge of mission aviation weather limitations			
Demonstrate knowledge of flight line procedures			
Demonstrate knowledge of how to use a flight computer			
Demonstrate knowledge of flight planning			
Demonstrate knowledge of electronic search patterns and procedures			
The above listed member has completed the required familiarization and preparatory training requirements for the SAR / DR Mission Pilot specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.			
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		DATE	
<b>Exercise Participation</b> The above listed member satisfactorily participated as a SAR / DR Mission Pilot trainee under my direct supervision on mission number _____.			
QUALIFIED SUPERVISOR'S SIGNATURE		DATE	
The above listed member satisfactorily participated as a SAR / DR Mission Pilot trainee under my direct supervision on mission number _____.			
QUALIFIED SUPERVISOR'S SIGNATURE		DATE	
<b>Unit Certification and Recommendation</b> The above listed member has completed the requirements for the SAR / DR Mission Pilot specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.			
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		DATE	
CAPF 101T-MP, MAY 01 REVERSE			

SPECIALTY QUALIFICATION TRAINING CARD SAR / DR MISSION PILOT		Advanced Training	
NAME (Last, First, MI)	CAPID	Trainer's CAPID and Date Completed	
<b>Prerequisites</b> Date Completed Qualified GES Qualified Mission Scanner Current and qualified CAP pilot in accordance with CAPR 60-1, with at least 175 hours pilot in command time including 50 hours of cross-country flying At least 18 years of age The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-MP.			
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		DATE	
<b>Familiarization and Preparatory Training</b> Trainer's CAPID and Date Completed			
Task			
Demonstrate knowledge of crew duty limitations			
Demonstrate knowledge of mission aviation weather limitations			
Demonstrate knowledge of flight line procedures			
Demonstrate knowledge of how to use a flight computer			
Demonstrate knowledge of flight planning			
Demonstrate knowledge of electronic search patterns and procedures			
The above listed member has completed the required familiarization and preparatory training requirements for the SAR / DR Mission Pilot specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.			
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		DATE	
<b>Unit Certification and Recommendation</b> The above listed member has completed the requirements for the SAR / DR Mission Pilot specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.			
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		DATE	
CAPF 101T-MP, MAY 01 REVERSE			

## CAPF 101T-MO-MISSION OBSERVER

Advanced Training		Trainer's CAPID and Date Completed
Task		
Demonstrate the ability to operate the aircraft's radio(s)		
Demonstrate the ability to plan and conduct a grid search		
Demonstrate the ability to plan and conduct a creeping line search		
Demonstrate the ability to plan and conduct a distress beacon search utilizing the wing null technique		
Demonstrate the ability to plan and conduct a distress beacon search utilizing the on board Electronic Direction Finder		
Demonstrate the ability to operate the aircraft GPS		
Demonstrate the ability to determine your position with GPS, VOR & ADF		
Demonstrate ground emergency egress from the aircraft from the observer's position		
Complete Basic Communications User Training		
Complete Task L-0001 (Basic Communications Procedures for ES Operations)		
Complete the current continuing education examination for mission observers		
<p align="center"><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as a Mission Observer trainee under my direct supervision on mission number _____.</p>		
QUALIFIED SUPERVISOR'S SIGNATURE	DATE	
<p>The above listed member satisfactorily participated as a Mission Observer trainee under my direct supervision on mission number _____.</p>		
QUALIFIED SUPERVISOR'S SIGNATURE	DATE	
<p align="center"><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Mission Observer specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p>		
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	DATE	
CAPF 101T-MO, MAY 01 REVERSE		

SPECIALTY QUALIFICATION TRAINING CARD MISSION OBSERVER		
NAME (Last, First, MI)	CAPID	DATE ISSUED
Prerequisites		
Title	Date Completed	
Qualified GES		
Qualified Mission Scanner		
At least 18 years of age		
The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-MO.		
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		
DATE		
Familiarization and Preparatory Training		
Trainer's CAPID and Date Completed		
Task		
Demonstrate knowledge of crew duty limitations		
Demonstrate knowledge of how to use a flight computer		
Demonstrate knowledge of electronic search patterns and procedures		
Demonstrate knowledge of flight planning		
The above listed member has completed the required familiarization and preparatory training requirements for the Mission Observer specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.		
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	DATE	
CAPF 101T-MO, MAY 01		
PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001		
OPR/ROUTING: DOS		

## CAPF 101T-MS—MISSION SCANNER

SPECIALTY QUALIFICATION TRAINING CARD MISSION SCANNER	
NAME (Last, First, MI)	DATE ISSUED
<p><b>Prerequisites</b></p> <p>Item: Qualified GES</p> <p>At least 18 years of age</p> <p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-MS.</p>	
<p><b>Familiarization and Preparatory Training</b></p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE</p> <p>DATE</p>	
<p><b>Task</b></p> <p>Demonstrate knowledge of aircrew responsibilities</p> <p>Demonstrate knowledge of mission aircraft operations and limitations</p> <p>Demonstrate knowledge of survival</p> <p>Demonstrate knowledge of first aid</p> <p>Demonstrate knowledge of aviation weather</p> <p>Demonstrate knowledge of high altitude and terrain considerations affects on missions</p> <p>Demonstrate knowledge of navigation and position determination</p> <p>Demonstrate knowledge of search coverage</p> <p>Demonstrate knowledge of visual search patterns and procedures</p> <p>Demonstrate knowledge of scanning techniques and sighting characteristics</p> <p>Demonstrate ground emergency egress from the aircraft from the scanner's position</p> <p>Demonstrate knowledge of aircrew coordination and CRM</p> <p>The above listed member has completed the required familiarization and preparatory training requirements for the Mission Scanner specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p>	
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE</p> <p>DATE</p>	

  

Advanced Training	
Task	Trainer's CAPID and Date Completed
Demonstrate the ability to keep a log	
Demonstrate the ability to identify known search targets	
Demonstrate the ability to track the route of flight on an aeronautical chart	
Demonstrate the ability to track the route of flight on a road map	
Demonstrate the ability to mark search targets on an aeronautical chart	
Demonstrate the ability to mark search targets on a road map	
Demonstrate the ability to recognize ground/air emergency signals in flight	
Demonstrate the ability to locate people and vehicles on the ground during a grid search	
Demonstrate the ability to plot points of latitude and longitude on a sectional chart	
Complete the current continuing education examination for mission scanners	
<p><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as a Mission Scanner trainee under my direct supervision on mission number _____.</p>	
QUALIFIED SUPERVISOR'S SIGNATURE	DATE
<p>The above listed member satisfactorily participated as a Mission Scanner trainee under my direct supervision on mission number _____.</p>	
QUALIFIED SUPERVISOR'S SIGNATURE	DATE
<p><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Mission Scanner specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p>	
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	DATE

CAPF 101T-MS, MAY 01 REVERSE

SPECIALTY QUALIFICATION TRAINING CARD MISSION SCANNER	
NAME (Last, First, MI)	DATE ISSUED
<p><b>Prerequisites</b></p> <p>Item: Qualified GES</p> <p>At least 18 years of age</p> <p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-MS.</p>	
<p><b>Familiarization and Preparatory Training</b></p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE</p> <p>DATE</p>	
<p><b>Task</b></p> <p>Demonstrate knowledge of aircrew responsibilities</p> <p>Demonstrate knowledge of mission aircraft operations and limitations</p> <p>Demonstrate knowledge of survival</p> <p>Demonstrate knowledge of first aid</p> <p>Demonstrate knowledge of aviation weather</p> <p>Demonstrate knowledge of high altitude and terrain considerations affects on missions</p> <p>Demonstrate knowledge of navigation and position determination</p> <p>Demonstrate knowledge of search coverage</p> <p>Demonstrate knowledge of visual search patterns and procedures</p> <p>Demonstrate knowledge of scanning techniques and sighting characteristics</p> <p>Demonstrate ground emergency egress from the aircraft from the scanner's position</p> <p>Demonstrate knowledge of aircrew coordination and CRM</p> <p>The above listed member has completed the required familiarization and preparatory training requirements for the Mission Scanner specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p>	
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE</p> <p>DATE</p>	

CAPF 101T-MS, MAY 01  
PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001

OPR/ROUTING: DOS

## CAPF 101T-GTL-GROUND TEAM LEADER

Complete Task O-0304 (Triangulate on a distress beacon single)	UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE <b>Advanced Training</b>	DATE  Trainer's Initials	
Complete Task O-0420 (Perform an Airfield Search (Ramp check))			
Complete Task O-0903 (Use a bloodborne pathogens protective suit)			
Complete Task O-1001 (Direct team actions at meeting point)			
Complete Task O-1101 (conduct witness interview)			
Complete Task P-0201 (Sign-in team at mission)			
Complete Task P-0202 (Plan and brief sortie)			
The above listed member has completed the required familiarization and preparatory training requirements for the Ground Team Leader specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.			
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE <b>Advanced Training</b>			
DATE			
Task			
Complete Task O-0007 (Direct team refit after sortie)			
Complete Task O-0207 (Locate a point on a map using a polar plot from a terrain feature)			
Complete Task O-0218 (Locate own position on a map using terrain association)			
Complete Task O-0219 (Move to a point using linear offset)			
Complete Task O-0414 (Organize a vehicle search)			
Complete Task O-0415 (Plan and conduct containment operations)			
Complete Task O-0416 (Plan search line operations)			
Complete Task O-0417 (Organize a search line)			
Complete Task O-0418 (Control a search line)			
Complete Task O-0419 (Plan and organize a hasty search)			
Complete Task O-0421 (Direct team actions on locating a clue)			
Complete Task O-0422 (Direct team actions on find)			
Complete Task O-0503 (Prepare patient for litter carry)			
Complete Task O-0504 (Tie swiss seat)			
Complete Task O-0802 (Plan and organize site surveillance)			
Complete Task O-0803 (Supervise a site surveillance shift)			
Complete Task O-0804 (Sign over a site)			
Complete Task O-1002 (Establish a helicopter landing zone)			
Complete Task P-0203 (Conduct rehearsals)			
Complete Task P-0204 (Conduct after action review)			
Complete Task L-0002 (Perform radio operating procedures)			
Complete Task L-0003 (Employ appropriate radio frequencies and repeaters)			
Complete Task L-0004 (Message handling procedures)			
<b>CAPF 101T-GTL, MAY 01 PAGE 2</b>			

SPECIALTY QUALIFICATION TRAINING CARD GROUND TEAM LEADER		
NAME (Last, First, MI)	CAPID	DATE ISSUED
Prerequisites		
Item	Date Completed	
Qualified GES		
Qualified Ground Team Member		
Possess a current state driver's license and CAP driver's license		
At least 18 years of age		
The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-GTL.		
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	DATE	
Familiarization and Preparatory Training		
Trainer's CAPID and Date Completed		
Task		
Complete Task O-0005 (Inspect team members)		
Complete Task O-0006 (Inspect team equipment)		
Complete Task O-0204 (Locate a point on a Map using Latitude and Longitude)		
Complete Task O-0205 (Locate a point on a map using the CAP Grid System)		
Complete Task O-0206 (Locate a point on a map using a grid coordinate overlay)		
Complete Task O-0208 (Locate a point on a map using a polar plot from a terrain feature)		
Complete Task O-0209 (Identify the major terrain features on a map)		
Complete Task O-0210 (Identify topographic symbols on a map)		
Complete Task O-0211 (Determine elevation on a map)		
Complete Task O-0212 (Measure distance on a map)		
Complete Task O-0213 (Convert between map and compass azimuths)		
Complete Task O-0214 (Determine and plot an azimuth on a map)		
Complete Task O-0215 (Determine azimuths on a map using two points)		
Complete Task O-0216 (Orient a map to the ground using terrain association)		
Complete Task O-0217 (Orient a map to north using a compass)		
Complete Task O-0220 (Move from point to point in a vehicle using a map)		
Complete Task O-0303 (Deactivate a distress beacon)		
<b>CAPF 101T-GTL, MAY 01</b>		
PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001		
<b>OPR/ROUTING: DOS</b>		

## CAPF 101T-GTL-GROUND TEAM LEADER (CONT'D)

Complete Task L-0005 (Choose a good communications site)	
Complete Task L-0006 (Take steps to regain communications)	
Complete Task L-0007 (Conduct scheduled checks)	
Complete Task L-0008 (Send a position report)	
Complete Task L-0009 (Report a clue or Find)	
Complete Task L-0010 (Communications Safety Procedures)	
Complete Advanced First Aid Training or Equivalent	
Complete Advanced Communications User Training	
Complete the current continuing education examination for ground team leaders	

**Exercise Participation**

The above listed member satisfactorily participated as a Ground Team Leader trainee under my direct supervision on mission number \_\_\_\_\_.

QUALIFIED SUPERVISOR'S SIGNATURE	DATE
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The above listed member satisfactorily participated as a Ground Team Leader trainee under my direct supervision on mission number \_\_\_\_\_.

QUALIFIED SUPERVISOR'S SIGNATURE	DATE
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**Unit Certification and Recommendation**

The above listed member has completed the requirements for the Ground Team Leader specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.

UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	DATE
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CAPF 101T-GTL, MAY 01 PAGE 3

## CAPF 101T-GTM-GROUND TEAM MEMBER

Advanced Training		Trainer's CAPID and Date Completed
Task		
Complete Task O-0003 (Prevent and treat hot weather injuries)		
Complete Task O-0004 (Prevent and treat cold weather injuries)		
Complete Task O-0102 (Prevent and treat fatigue)		
Complete Task O-0202 (Measure distance with pace count)		
Complete Task O-0203 (Navigate past an obstacle)		
Complete Task O-0301 (Determine distress beacon bearing)		
Complete Task O-0302 (Locate a distress beacon)		
Complete Task O-0401 (Work with canine teams)		
Complete Task O-0402 (Employ vehicular scanning techniques)		
Complete Task O-0403 (Employ scanning techniques while on foot)		
Complete Task O-0405 (Communicate to other members of a search line)		
Complete Task O-0408 (Identify aircraft search clues)		
Complete Task O-0409 (Identify missing person search clues)		
Complete Task O-0410 (Mark a route)		
Complete Task O-0411 (Conduct individual actions on locating a clue)		
Complete Task O-0412 (Conduct individual actions on find)		
Complete Task O-0413 (Participate in a hasty search)		
Complete Task O-0502 (Participate in a litter carry)		
Complete Task O-0602 (Locate natural water sources)		
Complete Task O-0603 (Prepare a natural shelter)		
Complete Task O-0701 (Recognize and react to air/ground signals)		
Complete Task O-0702 (Use a signal mirror)		
Complete Task O-0703 (Employ ground to air signals)		
Complete Task O-0801 (Man a surveillance post)		
Complete Task P-0101 (Keep a team log)		
Complete Task L-0001 (Basic Communications Procedures for ES Operations)		
Complete Task L-0101 (Inspect a vehicle)		
Complete Basic First Aid Training or Equivalent		
Complete Basic Communications User Training		
Complete the current continuing education examination for ground team members		
<b>Exercise Participation</b> The above listed member satisfactorily participated as a Ground Team Member trainee under my direct supervision on mission number _____.		
QUALIFIED SUPERVISOR'S SIGNATURE <b>CAPF 101T-GTM, MAY 01 PAGE 2</b>		DATE

SPECIALTY QUALIFICATION TRAINING CARD GROUND TEAM MEMBER		
NAME (Last, First, MI)	CAPID	DATE ISSUED
Prerequisites		
Item	Date Completed	
The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-GTM.		
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		
DATE		
Familiarization and Preparatory Training		
Trainer's CAPID and Date Completed		
Task		
Complete Task O-0001 (Prepare ground team individual equipment)		
Complete Task O-0002 (Conduct individual refit)		
Complete Task O-0101 (Identify natural hazards)		
Complete Task O-0103 (Conduct field sanitation and hygiene)		
Complete Task O-0104 (Setup shelter)		
Complete Task O-0201 (Use a compass)		
Complete Task O-0404 (Move as part of a search line)		
Complete Task O-0406 (Use whistle signals)		
Complete Task O-0407 (Conduct attraction techniques)		
Complete Task O-0501 (Tie knots)		
Complete Task O-0601 (Conduct actions if lost)		
Complete Task O-0604 (Build a fire)		
Complete Task O-0605 (Extinguish a small fire)		
Complete Task O-0902 (Exercise universal precautions)		
Complete Task P-0102 (Conduct a phone alert)		
The above listed member has completed the required familiarization and preparatory training requirements for the Ground Team Member specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.		
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		
DATE		
<b>CAPF 101T-GTM, MAY 01</b> PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001 OPR/ROUTING: DOS		



## CAPF 101T-GTM-GROUND TEAM MEMBER (CONT'D)

The above listed member satisfactorily participated as a Ground Team Member trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

**Unit Certification and Recommendation**

The above listed member has completed the requirements for the Ground Team Member specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE

## CAPF 101T-UDF-URBAN DIRECTION FINDING TEAM

Complete Task O-0213 (Convert between map and compass azimuths)	
Complete Task O-0214 (Determine and plot an azimuth on a map)	
Complete Task O-0215 (Determine azimuths on a map using two points)	
Complete Task O-0216 (Orient a map to the ground using terrain association)	
Complete Task O-0217 (Orient a map to north using a compass)	
Complete Task O-0218 (Locate own position on a map using terrain association)	
Complete Task O-0219 (Move to a point using linear offset)	
Complete Task O-0301 (Determine distress beacon bearing)	
Complete Task O-0302 (Locate a distress beacon)	
Complete Task O-0303 (Deactivate a distress beacon)	
Complete Task O-0304 (Triangulate on a distress beacon single)	
Complete Task O-0402 (Employ vehicular scanning techniques)	
Complete Task O-0412 (Conduct individual actions on find)	
Complete Task O-0414 (Organize a vehicle search)	
Complete Task O-0420 (Perform an Airfield Search (Ramp check))	
Complete Task O-0421 (Direct team actions on locating a clue)	
Complete Task O-0422 (Direct team actions on find)	
Complete Task O-0701 (Recognize and react to air/ground signals)	
Complete Task O-0702 (Use a signal mirror)	
Complete Task O-0902 (Exercise universal precautions)	
Complete Task O-1001 (Direct team actions at meeting point)	
Complete Task O-1101 (conduct witness interview)	
Complete Task P-0101 (Keep a team log)	
Complete Task P-0201 (Sign-in team at mission)	
Complete Task P-0202 (Plan and brief sortie)	
Complete Task P-0203 (Conduct rehearsals)	
Complete Task P-0204 (Conduct after action review)	
Complete Task L-0001 (Basic Communications Procedures for ES Operations)	
Complete Task L-0002 (Perform radio operating procedures)	
Complete Task L-0003 (Employ appropriate radio frequencies and repeaters)	
Complete Task L-0004 (Message handling procedures)	
Complete Task L-0005 (Choose a good communications site)	
Complete Task L-0006 (Take steps to regain communications)	
Complete Task L-0007 (Conduct scheduled checks)	
Complete Task L-0008 (Send a position report)	
CAPF 101T-UDF, MAY 01 PAGE 2	

SPECIALTY QUALIFICATION TRAINING CARD URBAN DIRECTION FINDING TEAM			
NAME (Last, First, MI)	CAPID	DATE ISSUED	
<b>Prerequisites</b>			
Item		Date Completed	
Qualified GES			
The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-UDF.			
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		DATE	
<b>Familiarization and Preparatory Training</b>			
Trainer's Initials		Date Completed	
Task			
Complete Task O-0002 (Conduct individual refit)			
Complete Task O-0010 (Prepare urban DF team individual equipment)			
Complete Task P-0102 (Conduct a phone alert)			
The above listed member has completed the required familiarization and preparatory training requirements for the Urban Direction Finding Team specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.			
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		DATE	
<b>Advanced Training</b>			
Trainer's CAPID and Date Completed			
Task			
Complete Task O-0005 (Inspect team members)			
Complete Task O-0006 (Inspect team equipment)			
Complete Task O-0007 (Direct team refit after sortie)			
Complete Task O-0102 (Prevent and treat fatigue)			
Complete Task O-0201 (Use a compass)			
Complete Task O-0204 (Locate a point on a map using Latitude and Longitude)			
Complete Task O-0205 (Locate a point on a map using the CAP Grid System)			
Complete Task O-0207 (Locate a point on a map using a polar plot from a terrain feature)			
Complete Task O-0208 (Locate a point on a map using a polar plot from a terrain feature)			
Complete Task O-0211 (Determine elevation on a map)			
Complete Task O-0212 (Measure distance on a map)			
CAPF 101T-UDF, MAY 01		OPR/ROUTING: DOS	
PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001			

## CAPF 101T-UDF-URBAN DIRECTION FINDING TEAM (CONT'D)

Complete Task L-0009 (Report a clue or Find)	
Complete Task L-0010 (Communications Safety Procedures)	
Complete Task L-0101 (Inspect a vehicle)	
Complete Basic First Aid Training or Equivalent	
Complete Basic Communications User Training	
Complete the current continuing education examination for urban DF teams	

**Exercise Participation**

The above listed member satisfactorily participated as an Urban Direction Finding Team trainee under my direct supervision on mission number \_\_\_\_\_.

_____ QUALIFIED SUPERVISOR'S SIGNATURE	_____ DATE
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The above listed member satisfactorily participated as an Urban Direction Finding Team trainee under my direct supervision on mission number \_\_\_\_\_.

_____ QUALIFIED SUPERVISOR'S SIGNATURE	_____ DATE
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**Unit Certification and Recommendation**

The above listed member has completed the requirements for the Urban Direction Finding Team specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.

_____ UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	_____ DATE
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CAPF 101T-UDF, MAY 01 PAGE 3

## CAPF 101T-IO-INFORMATION OFFICER

Advanced Training		Trainer's CAPID and Date Completed
Task		
Demonstrate the ability to keep a log		
Demonstrate the ability to prepare an initial and follow-up news release		
Demonstrate the ability to maintain a complete media contact list		
Demonstrate the ability to coordinate visits of news media to mission sites		
Complete Basic Communications User Training		
Complete Task L-0001 (Basic Communications Procedures for ES Operations)		
Complete the current continuing education examination for information officers		
<p align="center"><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as an Information Officer trainee under my direct supervision on mission number _____.</p> <p>QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____</p> <p>The above listed member satisfactorily participated as an Information Officer trainee under my direct supervision on mission number _____.</p> <p>QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____</p> <p align="center"><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Information Officer specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		
CAPF 101T-IO, MAY 01 REVERSE		

SPECIALTY QUALIFICATION TRAINING CARD INFORMATION OFFICER		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<p align="center"><b>Prerequisites</b></p> <p>Item _____ Date Completed _____</p> <p>Qualified GES _____</p> <p>At least 18 years of age _____</p> <p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-IO.</p>		
<p align="center"><b>Familiarization and Preparatory Training</b></p> <p align="center">Trainer's CAPID and Date Completed</p>		DATE
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____</p>		
Task		
Demonstrate knowledge of principles and features of ICS		
Demonstrate knowledge of the ICS Organization		
Demonstrate knowledge of incident facilities		
Demonstrate knowledge of incident resources		
Demonstrate knowledge common responsibilities in ICS		
Demonstrate knowledge of organization and staffing		
Demonstrate knowledge of organizing for incidents & events		
Demonstrate knowledge of incident resources management		
Demonstrate knowledge of air operations		
Demonstrate knowledge of incident and event planning		
Demonstrate knowledge of the responsibilities and issues of the command and general staff		
Demonstrate knowledge of unified command		
Demonstrate knowledge of major incident management		
Demonstrate knowledge of area command		
<p>The above listed member has completed the required familiarization and preparatory training requirements for the Information Officer specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____</p>		DATE _____
<p align="center">CAPF 101T-IO, MAY 01 PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001</p>		

OPR/ROUTING: DOS

CAPF 101T-IO, MAY 01

PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001

## CAPF 101T-FLS-FLIGHT LINE SUPERVISOR

Advanced Training		Trainer's CAPID and Date Completed
Task	Demonstrate the ability to keep a log	
	Demonstrate coordination of activities with local Fixed Base Operators (FBO)	
	Demonstrate the ability to survey an airport for hazards, unique procedures and report them to the appropriate member of the mission staff	
	Demonstrate the ability to determine the best parking areas and taxi routes	
	Demonstrate the ability to identify parking areas and taxi routes on an airport map	
	Demonstrate the ability to brief the flight line marshalls	
	Demonstrate the ability to supervise the flight line marshalls	
	Demonstrate the ability to report takeoff and landing times of mission aircrews	
	<b>SIMULATE</b> demonstration of proper use of local, portable firefighting equipment	
	Demonstrate the ability to document fuel reimbursement	
	Demonstrate knowledge of aircraft startup and shutdown procedures	
	Complete the current continuing education examination for air support group supervisors	
<p align="center"><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as a Flight Line Supervisor trainee under my direct supervision on mission number _____</p> <p>QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____</p> <p>The above listed member satisfactorily participated as a Flight Line Supervisor trainee under my direct supervision on mission number _____</p> <p>QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____</p> <p align="center"><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Flight Line Supervisor specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p> <p align="center"><b>CAPF 101T-FLS, MAY 01 REVERSE</b></p>		

SPECIALTY QUALIFICATION TRAINING CARD FLIGHT LINE SUPERVISOR		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<p align="center"><b>Prerequisites</b></p> <p>Item</p> <p>Qualified GES</p> <p>Qualified Flight Line Marshaller</p> <p>At least 18 years of age</p> <p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-FLS.</p>		
<p align="center"><b>Familiarization and Preparatory Training</b></p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		<p align="center"><b>Trainer's CAPID and Date Completed</b></p>
Task	Demonstrate knowledge of principles and features of ICS	
	Demonstrate knowledge of the ICS Organization	
	Demonstrate knowledge of incident facilities	
	Demonstrate knowledge of incident resources	
	Demonstrate knowledge common responsibilities in ICS	
	Demonstrate knowledge of the flight line supervisor's responsibilities	
<p>The above listed member has completed the required familiarization and preparatory training requirements for the Flight Line Supervisor specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		
<p align="center"><b>CAPF 101T-FLS, MAY 01</b></p> <p align="center">PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001</p>		<p align="center"><b>OPR/ROUTING: DOS</b></p>

## CAPF 101T-FLM-FLIGHT LINE MARSHALLER

Advanced Training		Trainer's CAPID and Date Completed
Task	Demonstrate the ability to marshal CAP aircraft on missions	
	Demonstrate proper ground safety observer techniques	
	<b>SIMULATE</b> demonstrating the ability to operate a fire extinguisher for an engine fire	
	Demonstrate the ability to fuel an aircraft	
	Demonstrate proper aircraft tie down procedures	
	Demonstrate knowledge of flight line security	
	Complete Basic First Aid Training or Equivalent	
	Complete Basic Communications User Training	
	Complete Task L-0001 (Basic Communications Procedures for ES Operations)	
	Complete the current continuing education examination for flight line marshallers	
<p align="center"><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as a Flight Line Marshaller trainee under my direct supervision on mission number _____.</p>		
<p align="center"><b>QUALIFIED SUPERVISOR'S SIGNATURE</b></p> <p>The above listed member satisfactorily participated as a Flight Line Marshaller trainee under my direct supervision on mission number _____.</p>		DATE
<p align="center"><b>QUALIFIED SUPERVISOR'S SIGNATURE</b></p> <p>The above listed member has completed the requirements for the Flight Line Marshaller specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p>		DATE
<p align="center"><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Flight Line Marshaller specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p>		DATE
<p align="center"><b>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE</b></p>		DATE
<p align="center"><b>CAPF 101T-FLM, MAY 01 REVERSE</b></p>		

SPECIALTY QUALIFICATION TRAINING CARD FLIGHT LINE MARSHALLER		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<p align="center"><b>Prerequisites</b></p> <p>Item _____ Date Completed _____</p> <p>Qualified GES _____</p> <p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-FLM.</p>		
<p align="center"><b>Familiarization and Preparatory Training</b></p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		
Task	Trainer's CAPID and Date Completed	
Demonstrate knowledge of the flight line marshaller's responsibilities		
Demonstrate knowledge of requirements for vehicles on the flight line		
Demonstrate knowledge of flight line safety considerations		
Demonstrate knowledge of accident prevention		
<p>The above listed member has completed the required familiarization and preparatory training requirements for the Flight Line Marshaller specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p>		
<p align="center"><b>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE</b></p> <p align="center"><b>DATE</b></p>		
<p align="center"><b>CAPF 101T-FLM, MAY 01</b></p> <p align="center">PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001</p>		
<p align="center"><b>OPR/ROUTING: DOS</b></p>		

## CAPF 101T-CUL-COMMUNICATIONS UNIT LEADER

Advanced Training		Trainer's CAPID and Date Completed
Task		
Demonstrate the ability to keep a log		
Demonstrate the ability to setup communications equipment at mission base		
Demonstrate the ability to prepare an emergency communications plan		
Demonstrate the ability to handle an overdue radio check-in		
Demonstrate the ability to run an emergency communications network		
Demonstrate communications planning		
Complete Task L-0001 (Basic Communications Procedures for ES Operations)		
Complete the current continuing education examination for communications unit leaders		
<p align="center"><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as a Communications Unit Leader trainee under my direct supervision on mission number _____.</p>		
<p>QUALIFIED SUPERVISOR'S SIGNATURE _____</p> <p>DATE _____</p>		
<p>The above listed member satisfactorily participated as a Communications Unit Leader trainee under my direct supervision on mission number _____.</p>		
<p>QUALIFIED SUPERVISOR'S SIGNATURE _____</p> <p>DATE _____</p>		
<p align="center"><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Communications Unit Leader specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____</p> <p>DATE _____</p>		

CAPF 101T-CUL, MAY 01 REVERSE

SPECIALTY QUALIFICATION TRAINING CARD COMMUNICATIONS UNIT LEADER		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<p align="center"><b>Prerequisites</b></p>		
Item		Date Completed
Qualified GES		
Qualified Mission Radio Operator		
Complete Advanced Communications User Training		
<p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-CUL.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____</p> <p>DATE _____</p>		
<p align="center"><b>Familiarization and Preparatory Training</b></p> <p align="center">Trainer's CAPID and Date Completed</p>		
Task		
Demonstrate knowledge of principles and features of ICS		
Demonstrate knowledge of the ICS Organization		
Demonstrate knowledge of incident facilities		
Demonstrate knowledge of incident resources		
Demonstrate knowledge common responsibilities in ICS		
Demonstrate knowledge of the communications unit leader's responsibilities		
<p>The above listed member has completed the required familiarization and preparatory training requirements for the Communications Unit Leader specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____</p> <p>DATE _____</p>		

CAPF 101T-CUL, MAY 01 OPR/ROUTING: DOS  
PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001

## CAPF 101T-MRO-MISSION RADIO OPERATOR

Advanced Training		Trainer's CAPID and Date Completed
Task	Demonstrate the ability to keep a log	
	Complete Task L-0001 (Basic Communications Procedures for ES Operations)	
	Complete Task L-0002 (Perform Radio Operating Procedures)	
	Complete Task L-0003 (Employ appropriate radio frequencies and repeaters)	
	Complete Task L-0004 (Message Handling Procedures)	
	Complete Task L-0005 (Choose a good communications site)	
	Complete Task L-0006 (Take steps to regain communications)	
	Complete Task L-0007 (Conduct scheduled checks)	
	Complete Task L-0008 (Send a position report)	
	Complete Task L-0009 (Report a clue or Find)	
	Complete Task L-0010 (Communications Safety Procedures)	
	Complete the current continuing education examination for mission radio operators	
<p align="center"><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as a Mission Radio Operator trainee under my direct supervision on mission number _____.</p>		
<p>QUALIFIED SUPERVISOR'S SIGNATURE _____</p> <p>DATE _____</p>		
<p>The above listed member satisfactorily participated as a Mission Radio Operator trainee under my direct supervision on mission number _____.</p>		
<p>QUALIFIED SUPERVISOR'S SIGNATURE _____</p> <p>DATE _____</p>		
<p align="center"><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Mission Radio Operator specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____</p> <p>DATE _____</p>		
<p align="center"><b>CAPF 101T-MRO, MAY 01 REVERSE</b></p>		

SPECIALTY QUALIFICATION TRAINING CARD		
MISSION RADIO OPERATOR		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<p align="center"><b>Prerequisites</b></p> <p>Item _____ Date Completed _____</p> <p>Qualified GES _____</p> <p>Complete Basic Communications User Training _____</p> <p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-MRO.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____</p> <p>DATE _____</p>		
<p align="center"><b>Familiarization and Preparatory Training</b></p> <p>Trainer's CAPID and Date Completed _____</p>		
Task	Demonstrate knowledge of the mission radio operator's responsibilities	
<p>The above listed member has completed the required familiarization and preparatory training requirements for the Mission Radio Operator specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____</p> <p>DATE _____</p>		
<p align="center"><b>CAPF 101T-MRO, MAY 01</b></p> <p align="center">PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001</p> <p align="right"><b>OPR/ROUTING: DOS</b></p>		



## CAPF 101T-MSO—MISSION SAFETY OFFICER

SPECIALTY QUALIFICATION TRAINING CARD MISSION SAFETY OFFICER	
NAME (Last, First, MI)	CAPID
<b>Prerequisites</b> Item _____ Date Completed _____ At least 21 years of age _____ The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-MSO.	
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____	
<b>Familiarization and Preparatory Training</b> Trainer's CAPID and Date Completed _____	
Task	
Demonstrate knowledge of principles and features of ICS	
Demonstrate knowledge of the ICS Organization	
Demonstrate knowledge of incident facilities	
Demonstrate knowledge of incident resources	
Demonstrate knowledge common responsibilities in ICS	
Demonstrate knowledge of organization and staffing	
Demonstrate knowledge of organizing for incidents & events	
Demonstrate knowledge of incident resources management	
Demonstrate knowledge of air operations	
Demonstrate knowledge of incident and event planning	
Demonstrate knowledge of the responsibilities and issues of the command and general staff	
Demonstrate knowledge of unified command	
Demonstrate knowledge of major incident management	
Demonstrate knowledge of area command	
Demonstrate knowledge of the mission safety officer's responsibilities	
The above listed member has completed the required familiarization and preparatory training requirements for the Mission Safety Officer specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.	
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____	
<b>Advanced Training</b> Trainer's CAPID and Date Completed _____	
Task	
Demonstrate the ability to keep a log	
Complete Task C-0002 (Mission Safety Inspection)	
Complete Task C-0003 (Analyze safety of mission operations)	
Complete Task C-0004 (Conduct Ground Team Safety Briefing)	
Complete Task C-0005 (Conduct Aircrew Safety Briefing)	
Complete Task C-0006 (Reporting & Handling Mishaps involving CAP personnel)	
Complete Task C-0007 (Preparing safety guidance for non-participants)	
Complete Task C-0008 (Monitor crew rest, fatigue, and stress)	
Complete Task P-1001 (Develop aircraft & ground operations safety plan)	
Complete Task L-0101 (Inspect a vehicle)	
Complete Task L-0102 (Inspect an aircraft)	
Complete Basic Communications User Training	
Complete Task L-0001 (Basic Communications Procedures for ES Operations)	
Complete the current continuing education examination for mission safety officers	
<b>Exercise Participation</b> The above listed member satisfactorily participated as a Mission Safety Officer trainee under my direct supervision on mission number _____.	
QUALIFIED SUPERVISOR'S SIGNATURE	DATE
The above listed member satisfactorily participated as a Mission Safety Officer trainee under my direct supervision on mission number _____.	
QUALIFIED SUPERVISOR'S SIGNATURE	DATE
<b>Unit Certification and Recommendation</b> The above listed member has completed the requirements for the Mission Safety Officer specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.	
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	DATE
<b>CAPF 101T-MSO, MAY 01 REVERSE</b>	

SPECIALTY QUALIFICATION TRAINING CARD MISSION SAFETY OFFICER	
NAME (Last, First, MI)	CAPID
<b>Prerequisites</b> Item _____ Date Completed _____ At least 21 years of age _____ The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-MSO.	
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____	
<b>Familiarization and Preparatory Training</b> Trainer's CAPID and Date Completed _____	
Task	
Demonstrate knowledge of principles and features of ICS	
Demonstrate knowledge of the ICS Organization	
Demonstrate knowledge of incident facilities	
Demonstrate knowledge of incident resources	
Demonstrate knowledge common responsibilities in ICS	
Demonstrate knowledge of organization and staffing	
Demonstrate knowledge of organizing for incidents & events	
Demonstrate knowledge of incident resources management	
Demonstrate knowledge of air operations	
Demonstrate knowledge of incident and event planning	
Demonstrate knowledge of the responsibilities and issues of the command and general staff	
Demonstrate knowledge of unified command	
Demonstrate knowledge of major incident management	
Demonstrate knowledge of area command	
Demonstrate knowledge of the mission safety officer's responsibilities	
The above listed member has completed the required familiarization and preparatory training requirements for the Mission Safety Officer specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.	
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____	
<b>CAPF 101T-MSO, MAY 01</b> PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001	
<b>OPR/ROUTING: DOS</b>	

## CAPF 101T-LO-LIAISON OFFICER

Advanced Training		Trainer's CAPID and Date Completed
Task		
Demonstrate the ability to keep a log		
Demonstrate the ability to coordinate external agency requests		
Complete Basic Communications User Training		
Complete Task L-0001 (Basic Communications Procedures for ES Operations)		
Complete the current continuing education examination for liaison officers		
<p align="center"><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as a Liaison Officer trainee under my direct supervision on mission number _____.</p> <p>QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____</p> <p>The above listed member satisfactorily participated as a Liaison Officer trainee under my direct supervision on mission number _____.</p> <p>QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____</p> <p align="center"><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Liaison Officer specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		

CAPF 101T-LO, MAY 01 REVERSE

SPECIALTY QUALIFICATION TRAINING CARD LIAISON OFFICER		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<p align="center"><b>Prerequisites</b></p> <p>Item _____ Date Completed _____</p> <p>Qualified GES _____</p> <p>At least 18 years of age _____</p> <p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-LO.</p>		
<p align="center"><b>Familiarization and Preparatory Training</b></p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p> <p>Trainer's CAPID and Date Completed _____</p>		
Task		
Demonstrate knowledge of principles and features of ICS		
Demonstrate knowledge of the ICS Organization		
Demonstrate knowledge of incident facilities		
Demonstrate knowledge of incident resources		
Demonstrate knowledge common responsibilities in ICS		
Demonstrate knowledge of organization and staffing		
Demonstrate knowledge of organizing for incidents & events		
Demonstrate knowledge of incident resources management		
Demonstrate knowledge of air operations		
Demonstrate knowledge of incident and event planning		
Demonstrate knowledge of the responsibilities and issues of the command and general staff		
Demonstrate knowledge of unified command		
Demonstrate knowledge of major incident management		
Demonstrate knowledge of area command		
<p>The above listed member has completed the required familiarization and preparatory training requirements for the Liaison Officer specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		

CAPF 101T-LO, MAY 01  
PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001

OPR/ROUTING: DOS

## CAPF 101T-MC—MISSION CHAPLAIN

SPECIALTY QUALIFICATION TRAINING CARD MISSION CHAPLAIN		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<p align="center"><b>Prerequisites</b></p> <p>Item</p> <p>Qualified GES</p> <p>Satisfactory completion of the current CAP Chaplain's Course (221)</p> <p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-MC.</p>		
<p align="center"><b>Familiarization and Preparatory Training</b></p> <p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE</p> <p>DATE</p>		<p align="center"><b>Advanced Training</b></p> <p>Trainer's CAPID and Date Completed</p>
<p align="center"><b>Task</b></p> <p>Demonstrate knowledge of principles and features of ICS</p> <p>Demonstrate knowledge of the ICS Organization</p> <p>Demonstrate knowledge of incident facilities</p> <p>Demonstrate knowledge of incident resources</p> <p>Demonstrate knowledge common responsibilities in ICS</p> <p>Demonstrate knowledge of the role of the mission chaplain on SAR / DR missions, including crises ministry skills</p> <p>Satisfactory completion of the current Chaplain's Helping Chaplains Course (221-A)</p> <p>The above listed member has completed the required familiarization and preparatory training requirements for the Mission Chaplain specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p>		
<p align="center"><b>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE</b></p>		<p align="center"><b>DATE</b></p>
<p align="center"><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as a Mission Chaplain trainee under my direct supervision on mission number _____</p> <p align="center"><b>QUALIFIED SUPERVISOR'S SIGNATURE</b></p> <p>DATE</p> <p>The above listed member satisfactorily participated as a Mission Chaplain trainee under my direct supervision on mission number _____</p> <p align="center"><b>QUALIFIED SUPERVISOR'S SIGNATURE</b></p> <p>DATE</p> <p align="center"><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Mission Chaplain specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p> <p align="center"><b>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE</b></p> <p>DATE</p>		
<p align="center"><b>OPR/ROUTING: DOS</b></p> <p align="center"><b>CAPF 101T-MC, MAY 01</b></p> <p align="center">PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001</p>		

CAPF 101T-MC, MAY 01 REVERSE

## CAPF 101T-MSA-MISSION STAFF ASSISTANT

Advanced Training		Trainer's CAPID and Date Completed
Task		
Demonstrate the ability to keep a log		
Demonstrate the ability to escort dignitaries and visitors at mission sites		
Demonstrate the ability to process incoming resources for use on the mission		
Demonstrate use of data collection systems like personnel tracking systems and weather systems		
Demonstrate collection and updating of incident status information		
Complete Task L-0101 (Inspect a vehicle)		
Complete Task L-0102 (Inspect an aircraft)		
Complete Basic Communications User Training		
Complete Task L-0001 (Basic Communications Procedures for ES Operations)		
Complete the current continuing education examination for mission staff assistants		
<p align="center"><b>Exercise Participation</b></p> <p>The above listed member satisfactorily participated as a Mission Staff Assistant trainee under my direct supervision on mission number _____.</p>		
<p>QUALIFIED SUPERVISOR'S SIGNATURE _____</p>		DATE _____
<p>The above listed member satisfactorily participated as a Mission Staff Assistant trainee under my direct supervision on mission number _____.</p>		
<p>QUALIFIED SUPERVISOR'S SIGNATURE _____</p>		DATE _____
<p align="center"><b>Unit Certification and Recommendation</b></p> <p>The above listed member has completed the requirements for the Mission Staff Assistant specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____</p>		DATE _____
<p align="center"><b>CAPF 101T-MSA, MAY 01 REVERSE</b></p>		

SPECIALTY QUALIFICATION TRAINING CARD MISSION STAFF ASSISTANT		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<p align="center"><b>Prerequisites</b></p> <p>Item _____ Date Completed _____</p> <p>Qualified GES _____</p> <p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-MSA.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		
<p align="center"><b>Familiarization and Preparatory Training</b></p> <p>Trainer's CAPID and Date Completed _____</p>		
Task		
Demonstrate knowledge of principles and features of ICS		
Demonstrate knowledge of the ICS Organization		
Demonstrate knowledge of incident facilities		
Demonstrate knowledge of incident resources		
Demonstrate knowledge common responsibilities in ICS		
Demonstrate knowledge of the mission staff assistant's responsibilities		
<p>The above listed member has completed the required familiarization and preparatory training requirements for the Mission Staff Assistant specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____</p>		DATE _____
<p align="center"><b>CAPF 101T-MSA, MAY 01</b></p> <p align="center">PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001</p>		
<p align="center"><b>OPR/ROUTING: DOS</b></p>		

**CAPF 112–SINGLE TASK EVALUATION**

- 6-1. Purpose.** These forms are completed by the trainers to document problems in members completing tasks.
- 6-2. Preparation.** The CAPF 112 is prepared for each task that a member fails to note areas that the member needs to work on to pass the task the next time.
- 6-3. Distribution.** The form is given to the member to review for their next evaluation. Copies should be kept on file in the member's emergency services training record
- 6-4. Instructions for Completing CAPF 112.** The CAPF 112 should be completed when appropriate by a certified trainer, noting the areas of deficiency.
- 6-5. Availability.** This form is available in accordance with CAPR 5-4, *Publications and Blank Forms Management* and at the NHQ CAP Website.
- 6-6. Usage Requirements.** Certified trainers can use this form to note deficiencies to those who do not pass task requirements, though it is not required for usage. This form can also be prepared in advance to assist trainers in testing large groups of personnel. Whether this form is used, or another mechanism, training must be noted in the member's personnel records (whether they pass or fail).

## SAMPLE CAPF 112

SINGLE TASK EVALUATION			
TASK TITLE BASIC COMMUNICATIONS PROCEDURES FOR ES OPERATIONS		TASK NUMBER L-0001	
ITEM	PERFORMANCE STEP DESCRIPTION	SCORE (Check One Only)	
		PASS	Fail
1	Listen before transmitting	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F
2	Demonstrate calling procedures including callsigns	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F
3	Demonstrate use/understanding of basic prowords	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F
4	Demonstrate understanding of radio equipment including finding local repeater/simplex	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
STUDENT'S NAME & CAPID Jeremy D. Snuffy, 123456		TASK STATUS <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	
EVALUATOR'S NAME & CAPID John J. Sampson, 101112		TITLE ES Training Officer	
EVALUATOR'S SIGNATURE		DATE 6 APRIL 01	

**CAPF 113–FIELD EXPEDIENT TEAM TASK BOOK**

**7-1. Purpose.** These forms are completed by the trainers to document members completion or failing of tasks for their own records.

**7-2. Preparation.** The CAPF 113 is prepared for each task that members try to complete.

**7-3. Distribution.** Trainers keep the form to note the tasks that have been certified. Copies should be forwarded to the unit for processing onto the members' records when appropriate.

**7-4. Instructions for Completing CAPF 113.** The CAPF 113 should be completed when appropriate by a certified trainer.

**7-5. Availability.** This form is available in accordance with CAPR 5-4, *Publications and Blank Forms Management* and at the NHQ CAP Website.

**7-6. Usage Requirements.** Certified trainers can use this form to note deficiencies to those who do not pass task requirements, though it is not required for usage. This form can also be prepared in advance to assist trainers in tracking task completion of large groups of personnel. Whether this form is used, or another mechanism, training must be noted in the member's personnel records (whether they pass or fail).





**CAPF 114—EMERGENCY SERVICES QUALIFICATION RECORD**

**8-1. Purpose.** Unit personnel and emergency services staff complete these forms to note qualifications for members throughout their membership.

**8-2. Preparation.** The CAPF 114 is prepared upon initial qualification and updated as a member renews or upgrades their specialties.

**8-3. Distribution.** The form is kept at the local unit level with copies of all ES documentation, while a current copy is kept at the wing level with only current documentation.

**8-4. Instructions for Completing CAPF 114.** Enter the personal information of the member and update the file as the member completes appropriate training. Records should include at a minimum completion of task requirements, 101 card applications with supporting documentation and records of mission participation of the member.

**8-5. Availability.** This form is available in accordance with CAPR 5-4, *Publications and Blank Forms Management* and at the NHQ CAP Website.

**8-6. Usage Requirements.** This form will be used as a record folder for all mission personnel records. One folder should be completed for each member that is mission qualified, including general emergency services (GES) and updated as changes occur. Complete records must be kept at the member's unit of assignment, though the wing/region of assignment need only keep the most current qualification records.

# CIVIL AIR PATROL EMERGENCY SERVICES QUALIFICATION RECORD

[illegible]

<b>LAST</b>	<b>FIRST</b>	<b>MI</b>	<b>CAPID</b>	<b>CHARTER #</b>	<b>LAST UPDATED</b>
Snuffy	Joseph	A	123456	SER-AL-111	1 APR 2001

## MISSION PARTICIPATION

[illegible]

**(BLANK)**

**REMARKS:**

Cadet Snuffy has expressed an interest on joining of becoming ES Qualified, but is not sure in what area. JWD